

siderable obstacle was met, and the man began to complain of a pricking pain at the spot; the catheter was then very slowly withdrawn, its end being pressed down to the urethral wall all the way." The stem (a hollow one) measuring 20 cm. in length and 1 cm. in circumference, came out with the instrument, its anterior end having been glued firmly to the catheter about 5 cm. from the urethral aperture, while its posterior extremity was projecting about  $6\frac{1}{2}$  cm. beyond the catheter's tip. In about three days the man's micturition became normal. He was well when seen two months later. The stem extracted was found to be intact in its anterior portion (14 cm. long), while the posterior one (6 cm. long) was split, crumpled and bent at five points. Dr. Ibankoff thinks that, on reaching the isthmus urethræ, the soft stem could not pass through this narrow channel and, under a continuous pressure of the man's hand, formed five bends, one after another, all of which came to lie in the bulbus urethræ, filling up its entire lumen. The extraction, succeeded, probably, partly through catching one of the bends with the instrument's end, and partly owing to an adhesive action of the glycerine.—*Vratch*, No. 50, 1887, p. 962.

**XII. Cases of Foreign Bodies (Knitting Needle, Eggs, Bougie, Catheter,) in Genito-Urinary Organs.** By Drs. JANSEN (Riga) and Voss (Dorpat). At a meeting of the Riga Medical Society, Dr. Jansen read the case of a lad, æt. 15, who had introduced into his urethra a piece of a knitting needle, about 10 cm. long, and lost hold of it. Seven days later, he was admitted with vesical pain and tenesmus, turbid urine and fever ( $38.7^{\circ}$  c). An exploration by a catheter showed that the needle lay tightly fixed in the anterior segment of the bladder. All attempts at a bloodless extraction having failed, a median section was performed without delay. The removal of the foreign body, however, could be effected only after breaking it into two fragments (6.1 cm. and 3.6 cm. long). On the fifth day of the after-treatment—intra-vesical irrigations with a one-sixth per cent solution of salicylic acid, the wound being left open—the temperature returned to the normal. From the 13th day the urine passed through the urethra. On the 28th day the lad was discharged cured.

Dr. Jansen mentions also that he lately came across an extraordinary case of foreign bodies in the vagina, the bodies introduced (and subsequently easily extracted by means of a spoon and injection) being several hard-boiled eggs. No further details given.

Dr. Voss reports the case of a man who broke a Vienna bougie in his urethra, the fragment, 8 cm. long, being first jammed in the stricture, but subsequently descending into the bladder. A median section was performed. The foreign body, on being grasped, broke into three pieces which were removed separately. A day later a vesical hæmorrhage occurred; it was treated by morphia, ice and (on the 3d day) washing out the clot. The man made a good recovery.

In another (male) case related by Dr. Voss, a catheter broke in the patient's hand just behind the urethral orifice. On attempts at withdrawing the fragment, it was gradually pushed down to the membranous part of the channel where it got fixed. The author succeeded in extracting it through the urethra.—*St. Petersburger Medicinische Wochenschrift*, Jan. 14, 1888, p. 11,

**XIII. Case of Lacerated Contused Wound of the Scrotum.** By Dr. ALEXEEFF (Knaïginin, Russia). A peasant, æt. 50, of a middling constitution, when working at his flour-mill, was caught by the mill-wheel across his body and dragged along for some distance. When brought to a local infirmary several hours later, the man looked frightened and collapsed, and complained of agonizing pain about the parts injured. The right inguinal region was greatly swollen, excoriated, contused, and extremely tender. There was present further a widely gaping lacerated wound with inverted edges, which commenced at the symphysis pubis and descended along the left side of the scrotum down to the lower segment to ramify here into two branches, one of which curved around backward to terminate at about the middle of the posterior aspect, while the other extended along the whole inferior surface. The depth of the laceration was unequal; at some places only the skin was broken, but its largest portion included the whole thickness of the scrotum, the left testis and spermatic cord lying fully exposed. The testis was soft, its albuginea partially lacerated, par-